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TO: All Medicaid Providers

FROM: Matt Wimmer, Administrator
Division of Medicaid 

SUBJECT: **Healthy Connections Urgent Care Service Referral Policy effective January 1, 2020**

In July 2019 the Division of Medicaid brought forth a proposed change to the Healthy Connections urgent care services referral policy with the intent to **reduce avoidable emergency department visits and increase access for urgent care services**. With up to 90,000 new Medicaid Expansion members accessing care after January 1, 2020, there is even a bigger need to prioritize these goals at this time.

Following the notice of this referral change, many Primary Care and Urgent Care Providers submitted input and this proposed change was put on hold. A stakeholder group was convened and based on the input received, the Division of Medicaid has modified the Healthy Connections urgent care services referral requirement.

For purposes of this policy, **urgent care services** are defined as medical care provided for illnesses or injuries which require prompt attention but generally are not serious enough to require an emergency room visit.

Beginning January 1, 2020, a Healthy Connections referral will not be required for urgent care services accessed at the following locations:

1. **Urgent Care Centers** for purposes of this referral policy, defined as:
 - a. Evaluates and treats a broad spectrum of illness and injury
 - b. Offers walk-in appointments as the primary scheduling model
 - c. Is open at least one additional hour per weekday outside the standard Monday-Friday 8:00-5:00, or an additional five hours on the weekend

2. **Healthy Connections Clinics** that meet the following enhanced access criteria:

- a. Offers walk-in or same day appointments
- b. Is open at least one additional hour per weekday outside the standard Monday-Friday 8:00-5:00, or an additional five hours on the weekend

In addition to meeting the above criteria, Urgent Care Centers or Healthy Connections Clinics are required to:

1. **Communicate** the visit summary directly to the patient's Healthy Connections Primary Care Provider of record within three (3) business days of the visit. At a minimum, this shall include:
 - a. Facts and Findings
 - b. Prescriptions and/or durable medical equipment ordered
 - c. Other pertinent healthcare information
2. **Direct** the patient to their Healthy Connections Primary Care Provider of record:
 - a. For ongoing treatment or coordination of chronic/complex conditions
 - b. When specialty or follow-up care is needed
 - c. For those seeking wellness services
3. **Educate** patients when urgent care is appropriate

Providers required to meet these criteria will be subject to periodic evaluation of policy compliance. Compliance requirements can be found in the Healthy Connections Section of the Idaho Medicaid Provider Handbook. **Failure to meet these requirements may result in services considered non-covered and subject to recoupment and/or a civil monetary penalty.**

Thank you for your support and understanding as we implement changes to promote cost effective, patient-centered, coordinated and timely care for the Medicaid population we serve. If you have questions regarding this change, please contact your regional Healthy Connections Representative or the Healthy Connections Consolidated Unit at 888-528-5861.